

LICENSE APPLICATION— INITIAL IN-STATE TEACHING OR PUPIL SERVICES

PI-1602-IS (Rev. 08-13)
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FOR INFORMATION CONTACT:

Telephone No. (608) 266-1027
Voice Mail No. 1-800-266-1027
Web Site <http://tepd.dpi.wi.gov/>
Application forms
<http://tepd.dpi.wi.gov/licensing/application-forms-general>

We do not accept applications by FAX.

WE WANT TO DO AN EXCELLENT JOB FOR YOU. HERE IS HOW YOU CAN HELP.

- ◆ Use this PI-1602-IS form if, based on completing an approved Wisconsin college/university teaching or pupil services preparation program, you: **1)** are applying for your first Wisconsin teaching/pupil license OR **2)** are already licensed for teaching/pupil services in Wisconsin and are applying to add a new teaching/pupil services certification. For Wisconsin reading teacher/specialist or administrator licensure, use the PI-1602-AD form available at: <http://tepd.dpi.wi.gov/licensing/application-forms-general>.
- ◆ Type or print legibly in black or blue ink. Do not submit pages photocopied “back-to-back” since the application pages are separated for processing. **Keep a copy of the entire application and documentation. No documents can be returned to you.**
- ◆ Send a **complete** application packet (all required forms, documentation, and payment) to your college certifying officer.
- ◆ Verify that DPI received your application at: <http://tepd.dpi.wi.gov/licensing/license-lookup-introduction>

LICENSE APPLICATION INFORMATION

- I. **Applicant Information:** Primary phone is a number where you can be reached between 8 a.m. and 4 p.m. Central Time.
- II. **License(s) Requested:** List the **teaching/pupil services** license(s) requested. Provide the requested begin date of the license(s).
- III. **Post-Secondary Education and Institutional Endorsement:** The date you completed your Wisconsin educator preparation program determines the statutes and **administrative** rules used to evaluate your application for licensure. The certifying officer of the college/university/alt route program must provide your completion date and verify your eligibility for the licenses requested.
- IV. **Experience or Professional Growth Requirement:** *Applies **Only** to Applicants Who Completed a Wisconsin Educator Preparation Program More than Five Years Ago AND Who Were Never Licensed in Wisconsin.* List a public or private educational agency where, in the previous five years, you were employed in a regular, contractual teaching/pupil services position (part or full-time) for at least one semester. If you do not meet the experience requirement, you must meet Wisconsin's professional growth requirement. Document completion of six credits or the equivalent of coursework by attaching original transcripts or grade reports. If you do not meet either the experience or professional growth requirement, you may be eligible for a substitute license or, if you are currently employed by a school district, for a 1-year nonrenewable license.

PAYMENT INSTRUCTIONS

Fee payment of \$100 must be included with your application. Since the fee covers the cost of application review and processing, **NO REFUNDS WILL BE MADE**, whether or not a license is issued. The application fee is subject to change without notice.

CHECK OR MONEY ORDER: Make payable for **\$100** to: **Department of Public Instruction**. *Attach check/money order securely to the front of Page 2 (applicant information page).* **If paying by check/money order, do not mail this page (Page 1).**

CREDIT CARD: MasterCard or VISA only. We do not accept debit cards. Fill in account information below. If paying by credit card, **attach this page (with original signature) on top of other application materials.** Since this page is retained by the bank, *be sure the reverse side does not contain any information DPI license consultants will need to process the application.*

Credit Card Account Number															<input type="checkbox"/> MasterCard		<input type="checkbox"/> VISA		Applicant Name <i>If different than card holder</i>															
				—					—					—																				
Credit Card Expiration Date										Amount \$100										Type or Print Cardholder Name														
				—						Signature																								
Month				Year																														

MAILING INSTRUCTIONS

Mail the entire application packet (application, payment, transcripts, and other required documents) to the certifying officer of your Wisconsin college/university for endorsement. The certifying officer will forward your application materials to DPI's Milwaukee bank address: **DPI Teacher Licensing, Drawer 794, Milwaukee, WI 53293-0794**

After fee deposit, all materials are couriered to consultants for review.

Do not send or fax applications to DPI's Madison office.



Wisconsin Department of Public Instruction

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DO NOT FAX THE APPLICATION.

I. APPLICANT INFORMATION

Legal Name	First	Middle	Last
Previous Name(s)	Social Security Number*		Date of Birth Mo./Day/Yr.
Home Address			P.O. Box
City	State	Zip Code	Zip Plus 4 digits
Primary Telephone (include area code)	Ext.	Alternate Telephone (include area code)	Ext.
Email Address			

II. LICENSE(S) REQUESTED

Indicate grade level(s), subject(s), and position(s) for which you are requesting a license.


Grade Level(s) / Developmental Range(s)	Subject(s)/Category(ies) and/or Position(s)	Date License is to Begin: July 1, ____
		Driver's License Number and State (Only if requesting Driver Ed. License)

III. POST SECONDARY EDUCATION AND INSTITUTIONAL ENDORSEMENT

List each institution where you earned a degree or completed a state-approved educator licensing program with the most recent first.

Institution	Location City/State	Degree or Licensing Program	Graduation Date Mo./Day/Yr.	Major(s)	Minor(s)	Concentration(s)

I, THE CERTIFYING OFFICER, CONFIRM that the education information listed in Section III is accurate. The applicant successfully completed this institution's state-approved program(s) for the license(s) requested in Section II above on the following date:
____ (Mo./Yr.)

Signature of Certifying Officer	Date Signed Mo./Day/Yr.	Name of Institution
		

For DPI Use Only
☐ FP ☐ Conduct

Amount of Remittance
\$100

Date Stamp Mo./Day/Yr.

*Collection of Social Security Number is for processing purposes only.

Name	Social Security Number
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IV. EXPERIENCE OR PROFESSIONAL GROWTH REQUIREMENT

Complete this section only if you completed a Wisconsin program over five years ago AND were never licensed in Wisconsin.

In the previous five years, were you employed by an elementary, secondary, or post-secondary public or private educational agency in a regular part-time or full-time contractual teaching or pupil services position for at least one semester?

☐ **Yes** ►

School District/Educational Agency	Location City/State	Employment Dates	Position
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☐ **No** ► *If No*, in the previous five years, did you complete six credits or the equivalent of professional growth coursework?

☐ **Yes** You Must Attach Original Transcripts or Grade Reports*.

☐ **No** *If No*, you may be eligible for one of the license types below. To apply, check the appropriate box(es).

☐ **Substitute Teaching License** (Does not require employment or coursework in the previous five years.)

☐ **1-Year NonRenewable License** (Attach a district request verifying employment for current school year*.)

*If any materials will be mailed separately, Check here: ☐

Include social security number on items mailed separately. Mail to: DPI Teacher Licensing, PO Box 7841, Madison, WI 53707-7841

**CONDUCT AND COMPETENCY REVIEW**

PI-1602-A (Rev 08-13)

THIS FORM MUST BE SIGNED AND NOTARIZED.Forms available at: <http://tepdpi.dpi.wi.gov/licensing/application-forms-general>

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH YOUR APPLICATION.

- ◆ **Complete this form fully and truthfully and sign it in the presence of a notary public** (most schools have a notary on staff). Carefully **read all form instructions** on the following page. **An incomplete form will delay processing of your application.**
- ◆ Answer **all questions 1-12**. Use blue or black ink only. "Teaching" refers to all licensed school personnel including but not limited to teachers, pupil services personnel, administrators, library media specialists, substitute teachers, licensed aides, etc.
- ◆ For any "Yes" answer to questions 1-11, include a detailed written explanation. Also submit complete copies of any related criminal complaint, criminal judgment, police reports, disciplinary letters/findings, correspondence etc. as applicable. **Note:** If you answered "Yes" to any question (1-11) on a previous DPI application and provided the necessary documentation to DPI at that time, check "PR" (Previously Reported) for that question, **unless a new reportable incident(s) has occurred since then.**

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR Previously Reported	1. Have you ever been disciplined for alleged misconduct including but not limited to verbal, physical, or sexual abuse or harassment in the course of any employment or as a member of any licensed or regulated profession?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	2. Have you ever resigned, been disciplined or dismissed from any teaching or other school position, in part, for alleged: (<i>check any which apply</i>) <input type="checkbox"/> immoral conduct or <input type="checkbox"/> incompetence? (See <i>Definitions</i> .)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	3. Have you ever had a certificate or license to teach or perform other school duties denied, revoked or suspended?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	4. Is any investigation/discipline of your education related license or employment pending in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	5. Have you ever been convicted of violating any civil, state, or federal law or local ordinance for actions involving sexual conduct, physical abuse of a child, and/or contributing to the delinquency of a child?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	6. Have you ever been convicted of any criminal offense (including <i>criminal</i> traffic matters, not general traffic violations) in any jurisdiction? (<i>check any which apply</i>) <input type="checkbox"/> felony or <input type="checkbox"/> misdemeanor
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	7. Have you ever participated in a deferred prosecution agreement to resolve a criminal matter?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	8. Are you currently on probation, parole, or other court-ordered supervision in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	9. Have you ever been acquitted or found not guilty by reason of insanity, mental disease or defect, diminished mental capacity or comparable legal defense or basis of an offense involving sexual conduct, or harm or threat of harm to another?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	10. Is any investigation or criminal charge pending against you in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	11. Have you (or a school district where you worked) ever been a party to a civil settlement, award, or agreement of any kind that involved an allegation concerning your conduct as an educator or in an educationally related position or setting?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Are you required to submit fingerprints to DPI with your license application? <i>See Instructions.</i> <input type="checkbox"/> If yes, electronic submission on _____ (date)

UNDER OATH, I swear that all information on this form and on the accompanying license application(s) and documentation is true to the best of my knowledge. Any false statements may result in denial, revocation, or suspension of license.

I HEREBY AUTHORIZE any of my previous employers, law enforcement agencies, and the courts to release, to the Wisconsin Department of Public Instruction, information which pertains to my responses to questions on this form.

Name <i>Print or type</i>	Sworn and signed before me this ____ day of _____
Signature <i>Sign in the presence of a Notary Public. Use blue or black ink.</i>	in the year _____.
➤	Notary Public, _____
Social Security No.*	My commission expires on _____

*Collection of social security number is a requirement of s. 118.19(1m) and (1r). The social security number may be released to the Department of Justice, Department of Revenue, and the Department of Workforce Development. Such information is made available to these governmental agencies for official purposes only.

INSTRUCTIONS AND DEFINITIONS
CONDUCT AND COMPETENCY REVIEW FORM (PI-1602-A)

The Conduct and Competency Review Form is a screening method to protect children. While the vast majority of educators are not a danger to the safety and education of our children, there are exceptions to the rule. Some people use the profession to have access to children and to prey upon them. Because of these people, the department must investigate the backgrounds of all license applicants. The questions contained in the conduct and competency review form have been developed to alert the department to cases that warrant further investigation. A “yes” answer to a question or an arrest record **does not** automatically make you ineligible for licensure. Each situation is investigated independently and the final decision is made on a case-by-case basis. Your cooperation in protecting our children is greatly appreciated.

1. **Answer all questions.** We cannot issue a license unless all questions 1 - 12 are answered. Use black or blue ink only. *Submitting a fully and correctly completed form with notarized signature will speed processing of your application.*
2. **Fingerprints:** For question 12, carefully read **ALL the criteria below** to determine whether fingerprints are required in your situation. **You must answer Question 12. If you do not answer question 12, your conduct form will be returned to you for completion.** If fingerprints are required, follow the directions at: <http://tepd.dpi.wi.gov/backgroundchecks/completing-the-fingerprint-requirement>.
 - If you have worked, resided, or physically attended classes in a state other than Wisconsin, a listed territory (American Samoa, Guam, Puerto Rico, Commonwealth of the Northern Mariana Islands, or Virgin Islands), Canada, or Great Britain within the last twenty years *after age 17*, **you must submit fingerprints** with your license application.
 - If your license application contains an address in any of the locations listed above, you must submit fingerprints.
 - Even if you previously submitted fingerprints to the Department of Public Instruction **you must submit fingerprints again if, since the previous submission, you have worked, resided, or physically attended classes in any of the locations listed above.** (If you previously submitted prints that met approved FBI/CIB standards *and* have not worked, resided, or physically attended classes in any of the locations above since submitting your prints to DPI, then new prints are not required.)

Electronic Fingerprint Submission: The state of Wisconsin contracts with a specific private vendor to offer “inkless” live scan technology fingerprinting. This service is available at specifically designated Wisconsin locations and locations throughout the United States. More information about DPI-acceptable electronic fingerprint submission, including service locations, is available at: <http://tepd.dpi.wi.gov/backgroundchecks/completing-the-fingerprint-requirement>.
3. **Signature and Notarization Requirement:** Your signature on the Conduct and Competency form must be notarized. **If you do not sign the form or if your signature on the form is not notarized, your conduct form will be returned to you for completion.** Notary Publics are available at schools and banks. Other options include a clerk or deputy clerk of a court of record, a court commissioner, a register or deputy register of deeds, a judge, or a county or deputy county clerk. For more information about notarization see Frequently Asked Questions about notarization at: <http://tepd.dpi.wi.gov/licensing/faq-notarization>.

Definitions

“Immoral Conduct” means conduct or behavior that is contrary to commonly accepted moral or ethical standards and that endangers the health, safety, welfare, or education of any pupil. (Sec. 115.31(1)(c), Wis. Stats.)

“Incompetence” means a pattern of inadequate performance of duties or the lack of ability, legal qualifications or fitness to discharge required duties, and which endangers the health, welfare, safety or education of any pupil. (PI 34.35(1)(d), Wis. Admin. Code)

Reminders

Issuance or renewal of any license or permit by DPI is conditional pending the receipt of a satisfactory background investigation. (Sec. 118.19(10)(e), Wis. Stats.)

All information received from the Federal Bureau of Investigation and the Wisconsin Department of Justice as part of a background check, remains confidential. (Sec. 118.19(10)(f), Wis. Stats.)

You will be notified only if the department determines that the result of the background investigation is unsatisfactory.
